

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Colm for Congress

ADDRESS (number and street)

PO box 893

Check if different
than previously
reported. (ACC)

Stayton

OR

97383

2. FEC IDENTIFICATION NUMBER ▼

C

C00592055

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

OR

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Aidan Willis

Signature of Treasurer Aidan Willis

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 38

Write or Type Committee Name

Colm for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	50600.36	50600.36
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	50600.36	50600.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6814.87	6814.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	6814.87	6814.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	43785.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Colm for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

41339.38

41339.38

(ii) Unitemized.....

8450.00

8450.00

(iii) TOTAL of contributions from individuals ▶

49789.38

49789.38

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

810.98

810.98

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

50600.36

50600.36

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

50600.36

50600.36

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 38

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6814.87	6814.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6814.87	6814.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50600.36
25. SUBTOTAL (add Line 23 and Line 24).....	50600.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6814.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	43785.49

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 38

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial) Doris Allen		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 3870 Ridgewood Way		Transaction ID : SA11AI.4388 Amount of Each Receipt this Period _____ 250.00
City West Linn	State OR	
Zip Code 97068		
FEC ID number of contributing federal political committee. C _____		
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00	

B. Full Name (Last, First, Middle Initial) Chris Baretto		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 62819 Lower Cove Road		Transaction ID : SA11AI.4143 Amount of Each Receipt this Period _____ 250.00
City Cove	State OR	
Zip Code 97824		
FEC ID number of contributing federal political committee. C _____		
Name of Employer Self Employed	Occupation Home Maker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00	

C. Full Name (Last, First, Middle Initial) Mary Baricevic		Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2015
Mailing Address 15850 NW Central Drive		Transaction ID : SA11AI.4295 Amount of Each Receipt this Period _____ 250.00
City Portland	State OR	
Zip Code 97229		
FEC ID number of contributing federal political committee. C _____		
Name of Employer Retired	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00	

SUBTOTAL of Receipts This Page (optional).....	_____ 750.00
TOTAL This Period (last page this line number only).....	_____

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Donald Barth

Mailing Address 7435 SW Canyon Drive

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Contractor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.4266

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mary Kay Beaudoin

Mailing Address 9114 nw benson ct

City

Portland

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cedar Mountain Advisors

Occupation

Registered Office Assistant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Adam Beid

Mailing Address 50 Presidential Plaza Number 203

City

Syracuse

State

NY

Zip Code

13202

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Upstate Hospital

Occupation

Medical Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial)
Amy Conger

Mailing Address P.O. Box 8009

City State Zip Code
Bend OR 97708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Jason Conger

Mailing Address PO Box 8009

City State Zip Code
Bend OR 97708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Miller Nash LLP Attorney

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2015

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period

1500.00

In-kind - Donor List

C. Full Name (Last, First, Middle Initial)
Nedora Counts

Mailing Address 1581 Matheny Road

City State Zip Code
Gervais OR 97026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2015

Transaction ID : SA11AI.4330

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial)
Brian Diehm

Mailing Address 1040 SW Westwood Ct.

City Portland	State OR	Zip Code 97239
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Archdiocese of Portland	Occupation Director
---	------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Heather Eagon

Mailing Address 4080 SW Charming Way

City Portland	State OR	Zip Code 97225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Adam Eilenberg

Mailing Address 3006 Arlington Avenue

City Bronx	State NY	Zip Code 10463
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Eilenberg & Krause LLP	Occupation Attorney
--	------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial) Dick Friedeman		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2015	
Mailing Address 2611 Broadway		Transaction ID : SA11AI.4153	
City Great Bend	State KS	Zip Code 67530	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Watkins, Calcara Chtd.	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) Ellen Graham		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2015	
Mailing Address 22524 N. Del Monte Ct.		Transaction ID : SA11AI.4400	
City Sun City West	State AZ	Zip Code 85375	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Heidi Gunsul		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2015	
Mailing Address 6930 SW 33rd Avenue		Transaction ID : SA11AI.4286	
City Portland	State OR	Zip Code 97219	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		1500.00	
TOTAL This Period (last page this line number only).....			

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 38

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial)
Lynda Harrington

Mailing Address 170 Santiam Pointe Loop NE

City	State	Zip Code
Mill City	OR	97360

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		11		2015

Transaction ID : SA11AI.4268

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Eric Heinz

Mailing Address 14 1/2 Hull St., Apt. 2

City	State	Zip Code
Boston	MA	02113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Proctor LLPOccupation
Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Emilia Henneman

Mailing Address PO Box 47

City	State	Zip Code
Mount Angel	OR	97362

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		06		2015

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

Casey Hill

Mailing Address 1642 SW 58th Ave

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Photographer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period

250.00

In-kind - logo

Full Name (Last, First, Middle Initial)

Barbara Hochgesang

Mailing Address 3608 SW 60th Place

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intel

Occupation

Software Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mary Keifer

Mailing Address 7672 SW Leland Drive

City

Beaverton

State

OR

Zip Code

97007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beaverton School District

Occupation

Teacher

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

Shawn Lindsay

Mailing Address 244 NE 72nd Place

City

Hillsboro

State

OR

Zip Code

97124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harris Berne Christensen

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

276.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		10		2015

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period

276.69

In-kind - Doner List

Full Name (Last, First, Middle Initial)

Debra Madden

Mailing Address 1447 SW Highland Road

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.4270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mark Madden

Mailing Address 1447 SW Highland Road

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

WDC Properties LLC

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		04		2015

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1276.69

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

Zena Martin

A.

Mailing Address 10655 SW Cook Ln

City

Tigard

State

OR

Zip Code

97223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Student

Occupation

Student

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Austin McLaughlin

B.

Mailing Address 42 Lagrange Street, Unit 1

City

West Roxbury

State

MA

Zip Code

02132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Factset

Occupation

Product Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1222.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period

1212.69

In-kind - Website

Full Name (Last, First, Middle Initial)

Vinny Mesa

C.

Mailing Address 6710 SW Gable Parkway

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mesa Clinical Laboratories

Occupation

Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1712.69

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

Jane Milton

Mailing Address 1464 SE 37th Ave.

City

Hillsboro

State

OR

Zip Code

97123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.4414

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert Moorman

Mailing Address 4102 SW Westdale Drive

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stoel Rives LLP

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		09		2015

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Mike Nearman

Mailing Address 2570 Greenwood Road S

City

Independence

State

OR

Zip Code

97351

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Oregon

Occupation

State Representative

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		12		2015

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Bianca Nerenberg

Mailing Address 13148 SW Broadmoor Place

City

Tigard

State

OR

Zip Code

97223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Financial Manager

Occupation

Apex Laboratories

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marlu Newvine

Mailing Address 6561 Artemis Ln.

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Laura Parker

Mailing Address 4336 SW Iowa Street

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mentor Graphics

Occupation

Technology Leadership Programs Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial) Laura Parker			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>07</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		07		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
12		07		2015										
Mailing Address 4336 SW Iowa Street			Transaction ID : SA11AI.4288											
City Portland	State OR	Zip Code 97221												
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">250.00</div>											
Name of Employer Mentor Graphics		Occupation Technology Leadership Programs Manager												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;">500.00</div>												

B. Full Name (Last, First, Middle Initial) Steve Persechetti			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		25		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
11		25		2015										
Mailing Address 1221 SW Yamhill, STE 310			Transaction ID : SA11AI.4254											
City Portland	State OR	Zip Code 97205												
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">500.00</div>											
Name of Employer Downtown Dental Associates		Occupation Dentist												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;">500.00</div>												

C. Full Name (Last, First, Middle Initial) Malin Petrusich			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>14</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		14		2015
M M M	/	D D D	/	Y Y Y Y Y Y										
12		14		2015										
Mailing Address 7935 SW Broadmoor Terrace			Transaction ID : SA11AI.4202											
City Portland	State OR	Zip Code 97225												
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px;">250.00</div>											
Name of Employer Homemaker		Occupation Homemaker												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px;">250.00</div>												

SUBTOTAL of Receipts This Page (optional).....			<div style="border: 1px solid black; padding: 2px;">1000.00</div>	
TOTAL This Period (last page this line number only).....			<div style="border: 1px solid black; padding: 2px;"></div>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Colm for CongressA. Full Name (Last, First, Middle Initial)
Dierdre Pharr

Mailing Address 4930 17TH STREET

City	State	Zip Code
SAN FRANCISCO	CA	94117

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		27		2015

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
David Reinhard

Mailing Address 3440 SE Harold Court

City	State	Zip Code
Portland	OR	97202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Public Affairs CounselOccupation
Director of Communications

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		25		2015

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Stanley Rooney

Mailing Address 1865 SW Mountmore Way

City	State	Zip Code
Troutdale	OR	97060

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial) Jeanne Shiffman			Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2015	
Mailing Address 3412 21st Ave N			Transaction ID : SA11AI.4272	
City	State	Zip Code		
Arlington	VA	22207		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer Steinmetz Center for Integrati		Occupation Doctor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) Dan Sievers			Date of Receipt M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 130 S Water St., Unit 313			Transaction ID : SA11AI.4274	
City	State	Zip Code		
Milwaukee	WI	53204		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 350.00	
Name of Employer Fiduciary Management Inc.		Occupation Research Analyst		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 350.00		
C. Full Name (Last, First, Middle Initial) John Skakel			Date of Receipt M M / D D / Y Y Y Y 12 / 14 / 2015	
Mailing Address 3825 SW Jerald Court			Transaction ID : SA11AI.4398	
City	State	Zip Code		
Portland	OR	97221		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Conservative50Plus		Occupation Executive Director		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....			1600.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial)
Jeff Steigerwalt

Mailing Address 2624 Woodmont Lane

City State Zip Code
Wexford PA 15090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline ExhibitsOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Gayle Strawn

Mailing Address 6485 Nesting Place SE

City State Zip Code
Salem OR 97317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard A. Strawn ConstructionOccupation
Bookkeeper

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Teri Sykes

Mailing Address 12126 SE Nella Way

City State Zip Code
Happy Valley OR 97086-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drayage CompanyOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2015

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Bill Toffler

Mailing Address 1010 SW Cheltenham Street

City

Portland

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHSU

Occupation

Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2015

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Toffler

Mailing Address 3809 N OConnor road

City

Irving

State

TX

Zip Code

75062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Americans for Prosperity

Occupation

Field Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Billy Valentine

Mailing Address 10596 John Ayres Dr.

City

Fairfax

State

VA

Zip Code

22032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Susan B. Anthony List

Occupation

Government Affairs Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial) Linda Van Wart		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2015	
Mailing Address 24655 SW Brentwood Drive		Transaction ID : SA11AI.4198	
City West Linn	State OR	Zip Code 97068	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

B. Full Name (Last, First, Middle Initial) Lennie Williams-Haran		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2015	
Mailing Address 13215 SE Mill Plain BLVD C8 #113		Transaction ID : SA11AI.4278	
City Vancouver	State WA	Zip Code 98684	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer GE Healthcare IT	Occupation Sales Specialist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

C. Full Name (Last, First, Middle Initial) Aidan Willis		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2015	
Mailing Address PO Box 69636		Transaction ID : SA11AI.4297	
City Portland	State OR	Zip Code 97239	Amount of Each Receipt this Period _____ 2700.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer WDC Properties	Occupation Project Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 4200.00
TOTAL This Period (last page this line number only).....	_____

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Aidan Willis

Mailing Address PO Box 69636

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

WDC Properties

Occupation

Project Manager

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		08		2015

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. John Willis

Mailing Address 146 Senator Street

City

Brooklyn

State

OR

Zip Code

11220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		23		2015

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mary Willis

Mailing Address 619 SW Arboretum Circle

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence St. Vincent's

Occupation

Nurse

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		04		2015

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

Mary Willis

A.

Mailing Address 619 SW Arboretum Circle

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence St. Vincent's

Occupation

Nurse

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Susan Willis

B.

Mailing Address 1010 SW Cheltenham

City

Portland

State

OR

Zip Code

97239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Thomas Willis

C.

Mailing Address 619 SW Arboretum Circle

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intel

Occupation

Business Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

Thomas Willis

A.

Mailing Address 619 SW Arboretum Circle

City

Portland

State

OR

Zip Code

97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intel

Occupation

Business Manager

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Randy Young

B.

Mailing Address 4055 Serango Court

City

West Linn

State

OR

Zip Code

97068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morgan Stanley

Occupation

Financial Advisor

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2015

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

41339.38

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 38

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)
Colm for CongressFull Name (Last, First, Middle Initial)
Colm Willis

Mailing Address PO Box 893

City	State	Zip Code
Stayton	OR	97383

FEC ID number of contributing
federal political committee.**C** H6OR05143Name of Employer
Willis Law, LLCOccupation
Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SA11D.4543

Amount of Each Receipt this Period

250.00

In-kind - logo

Full Name (Last, First, Middle Initial)
Colm Willis

Mailing Address PO Box 893

City	State	Zip Code
Stayton	OR	97383

FEC ID number of contributing
federal political committee.**C** H6OR05143Name of Employer
Willis Law, LLCOccupation
Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2015

Transaction ID : SA11D.4545

Amount of Each Receipt this Period

250.00

In-kind - photos

Full Name (Last, First, Middle Initial)
Colm Willis

Mailing Address PO Box 893

City	State	Zip Code
Stayton	OR	97383

FEC ID number of contributing
federal political committee.**C** H6OR05143Name of Employer
Willis Law, LLCOccupation
Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2015

Transaction ID : SA11D.4547

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....

510.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 38

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial) Colm Willis			Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2015	
Mailing Address PO Box 893			Transaction ID : SA11D.4549	
City Stayton	State OR	Zip Code 97383	Amount of Each Receipt this Period 75.57	
FEC ID number of contributing federal political committee. C H6OR05143		In-kind - Cell Phone		
Name of Employer Willis Law, LLC		Occupation Lawyer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 585.57		
B. Full Name (Last, First, Middle Initial) Colm Willis			Date of Receipt M M / D D / Y Y Y Y Y 11 / 11 / 2015	
Mailing Address PO Box 893			Transaction ID : SA11D.4551	
City Stayton	State OR	Zip Code 97383	Amount of Each Receipt this Period 50.85	
FEC ID number of contributing federal political committee. C H6OR05143		In-kind - domain names @ godaddy.com		
Name of Employer Willis Law, LLC		Occupation Lawyer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 636.42		
C. Full Name (Last, First, Middle Initial) Colm Willis			Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2015	
Mailing Address PO Box 893			Transaction ID : SA11D.4553	
City Stayton	State OR	Zip Code 97383	Amount of Each Receipt this Period 42.46	
FEC ID number of contributing federal political committee. C H6OR05143		In-kind - business cards @ vistaprint.com		
Name of Employer Willis Law, LLC		Occupation Lawyer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 678.88		
SUBTOTAL of Receipts This Page (optional).....			168.88	
TOTAL This Period (last page this line number only).....				

FOR LINE NUMBER:
(check only one)

Diagram illustrating a 1D lattice with 15 sites. The sites are labeled 11a, 11b, 11c, 11d, 12, 13a, 13b, 14, and 15. Site 11d is marked with an 'X' and labeled '11d' and '14'.

NAME OF COMMITTEE (In Full)
Colm for Congress

FEC Schedule A (Form 3) (Revised 02/2009)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 38

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Colm for Congress

A. Full Name (Last, First, Middle Initial) Colm Willis		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2015	
Mailing Address PO Box 893		Transaction ID : SA11D.4561	
City Stayton	State OR	Zip Code 97383	Amount of Each Receipt this Period 14.70
FEC ID number of contributing federal political committee. C H6OR05143		In-kind - Stamps at USPS	
Name of Employer Willis Law, LLC	Occupation Lawyer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 791.38		

B. Full Name (Last, First, Middle Initial) Colm Willis		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2015	
Mailing Address PO Box 893		Transaction ID : SA11D.4563	
City Stayton	State OR	Zip Code 97383	Amount of Each Receipt this Period 19.60
FEC ID number of contributing federal political committee. C H6OR05143		In-kind - Stamps at USPS	
Name of Employer Willis Law, LLC	Occupation Lawyer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 810.98		

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	34.30
TOTAL This Period (last page this line number only).....	810.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 38

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Jason Conger

Mailing Address PO Box 8009

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2015

City	State	Zip Code
Bend	OR	97708

Purpose of Disbursement
In-kind - Donor List

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4425

B. Casey Hill

Full Name (Last, First, Middle Initial)

Mailing Address 1642 SW 58th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

City	State	Zip Code
Portland	OR	97221

Purpose of Disbursement
In-kind - logo

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4446

C. Shawn Lindsay

Full Name (Last, First, Middle Initial)

Mailing Address 244 NE 72nd Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2015

City	State	Zip Code
Hillsboro	OR	97124

Purpose of Disbursement
In-kind - Doner List

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Amount of Each Disbursement this Period

276.69

Transaction ID : SB17.4426

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2026.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 38

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Austin McLaughlin

Mailing Address 42 Lagrange Street, Unit 1

City	State	Zip Code
West Roxbury	MA	02132

Purpose of Disbursement
In-kind - Website

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2015

Amount of Each Disbursement this Period

1212.69

Transaction ID : SB17.4455

B. Select Impressions

Mailing Address 2215 Claxter Road NE

City	State	Zip Code
Salem	OR	97301

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

2230.30

Transaction ID : SB17.4530

c. Stripe.com

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4507

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3446.19

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 38

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Stripe.com

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

1.17

Transaction ID : SB17.4508

B. Stripe.com

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.4509

C. Stripe.com

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4511

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

33.67

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 38

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Stripe.com

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

Amount of Each Disbursement this Period

0.88

Transaction ID : SB17.4517

B. Stripe.com

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4518

C. Stripe.com

Mailing Address 3180 18th St

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2015

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.4519

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5.83

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 38

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Colm Willis

Mailing Address PO Box 893

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2015

City	State	Zip Code
Stayton	OR	97383

Amount of Each Disbursement this Period

75.57

Purpose of Disbursement
In-kind - Cell PhoneCategory/
Type

Transaction ID : SB17.4550

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: OR District: 05

Full Name (Last, First, Middle Initial)

B. Colm Willis

Mailing Address PO Box 893

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		11		2015

City	State	Zip Code
Stayton	OR	97383

Amount of Each Disbursement this Period

50.85

Purpose of Disbursement
In-kind - domain names @ godaddy.comCategory/
Type

Transaction ID : SB17.4552

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: OR District: 05

Full Name (Last, First, Middle Initial)

C. Colm Willis

Mailing Address PO Box 893

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2015

City	State	Zip Code
Stayton	OR	97383

Amount of Each Disbursement this Period

42.46

Purpose of Disbursement
In-kind - business cards @ vistaprint.comCategory/
Type

Transaction ID : SB17.4554

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: OR District: 05

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

168.88

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Colm Willis

Mailing Address PO Box 893

City	State	Zip Code
Stayton	OR	97383

Purpose of Disbursement
In-kind - Stamps at USPS

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
11 / 30 / 2015

Amount of Each Disbursement this Period

39.59

Transaction ID : SB17.4556

B. Colm Willis

Mailing Address PO Box 893

City	State	Zip Code
Stayton	OR	97383

Purpose of Disbursement
In-kind - business cards @ vistaprint.com

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
12 / 02 / 2015

Amount of Each Disbursement this Period

16.22

Transaction ID : SB17.4558

C. Colm Willis

Mailing Address PO Box 893

City	State	Zip Code
Stayton	OR	97383

Purpose of Disbursement
In-kind - business cards @ vistaprint.com

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
12 / 02 / 2015

Amount of Each Disbursement this Period

41.99

Transaction ID : SB17.4560

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

97.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Colm for Congress

Full Name (Last, First, Middle Initial)

A. Colm Willis

Mailing Address PO Box 893

City	State	Zip Code
Stayton	OR	97383

Purpose of Disbursement
In-kind - Stamps at USPS

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
12 / 20 / 2015

Amount of Each Disbursement this Period

\$	14.70
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Transaction ID : SB17.4562

B. Colm Willis

Mailing Address PO Box 893

City	State	Zip Code
Stayton	OR	97383

Purpose of Disbursement
In-kind - Stamps at USPS

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
12 / 23 / 2015

Amount of Each Disbursement this Period

\$	19.60
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Transaction ID : SB17.4564

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

\$	
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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

\$	34.30
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\$	6340.84
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